

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | PS | 66621 | 5/9 |
| O.I.P.E. CLASSIFIER | | 43 | 5/12/00 |
| FORMALITY REVIEW | EN | 64934 | 7960 |
| RESPONSE FORMALITY REVIEW | EN | 64934 | 81000 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|---------|
| 1 | ✓ | ✓ | 5/12/00 |
| 2 | ✓ | ✓ | 5/12/00 |
| 3 | ✓ | ✓ | 5/12/00 |
| 4 | ✓ | ✓ | 5/12/00 |
| 5 | ✓ | ✓ | 5/12/00 |
| 6 | ✓ | ✓ | 5/12/00 |
| 7 | ✓ | ✓ | 5/12/00 |
| 8 | ✓ | ✓ | 5/12/00 |
| 9 | ✓ | ✓ | 5/12/00 |
| 10 | ✓ | ✓ | 5/12/00 |
| 11 | ✓ | ✓ | 5/12/00 |
| 12 | ✓ | ✓ | 5/12/00 |
| 13 | ✓ | ✓ | 5/12/00 |
| 14 | ✓ | ✓ | 5/12/00 |
| 15 | ✓ | ✓ | 5/12/00 |
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| 48 | ✓ | ✓ | 5/12/00 |
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| 50 | ✓ | ✓ | 5/12/00 |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)